

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9940	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Patrick Byrne P O Box Bldg Room No if any Street 104 Interchange Plaza City Monroe State New Jersey ZIP Code +4 08331-2038	4 Name file number and address of labor organization Name Laborers International Union of North America Labor Organization File Number 000-131 P O Box Building and Room Number if any Street 905 16th Street N W City Washington State District of Columbia ZIP Code +4 20006 1703
5 Position in labor organization Asst Reg Manager Eastern	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Building Contractors Association of NJ Trade Name if any P O Box Bldg Room No if any Street Raritan Center Plaza II Fieldcrest City Edison State New Jersey ZIP Code +4 08837-3627	7 a Nature of Interest, Transaction or Income 7/21/04 Building Contractors Association of New Jersey dinner honoring Commissioner of NJ Department of Labor Amount unknown best estimate \$30 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

On

Date

Telephone Number

Name of Person Filing Patrick Byrne	File Number U
-------------------------------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name NJ Laborers Employers Coop & Education Trust Trade Name if any <input type="text"/> P O Box Bldg Room No if any Suite 301 Street 104 Interchange Place City Monroe Township State New Jersey ZIP Code + 4 08831-2038	14 a Nature of payment. 1/17/04 National Tri Fund Conference Airfare <input type="text"/>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <input type="text"/> \$382

Name of Person Filing Patrick Byrne

File Number U

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Laborers Employers Coop & Education Trust

Trade Name if any

P O Box Bldg Room No if any

Street 905 16th Street N W

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14 a Nature of payment.

1/18/04 National Tri Fund Conference Dinner

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

\$93

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name NJ Laborers-Employers Coop & Education Trust

Trade Name if any

P O Box Bldg Room No if any Suite 301

Street 104 Interchange Place

City Monroe Township

State New Jersey ZIP Code + 4 08831-2038

14 a Nature of payment

1/20/04 National Tri-Fund Conference Dinner

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

\$137

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name NJ Building Laborers' Statewide Benefit Fund

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

2/3/04 New Jersey Building Laborers Meeting Meal

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

\$30

Name of Person Filing Patrick Byrne

File Number U

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name NJ Laborers Employers Coop & Education Trust

Trade Name if any

P O Box Bldg Room No if any Suite 301

Street 104 Interchange Place

City Monroe Township

State New Jersey ZIP Code + 4 08831-2038

14 a Nature of payment.

2/12/04 NJ Laborers-Employers Coop & Education Trust Meetings Meal

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

\$30

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name NJ Laborers Employers Coop & Education Trust

Trade Name if any

P O Box Bldg Room No if any Suite 301

Street 104 Interchange Place

City Monroe Township

State District of Columbia ZIP Code + 4 08831-2038

14 a Nature of payment.

3/2/04 New York Friends of Ireland Reception Amount unknown best estimate over \$25

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name NJ Laborers Employers Coop & Education Trust

Trade Name if any

P O Box Bldg Room No if any Suite 301

Street 104 Interchange Place

City Monroe Township

State New Jersey ZIP Code + 4 08831-2038

14 a Nature of payment

5/20/04 Partnership for Drug Free America Angel of Hope Gala Amount unknown best estimate over \$25

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing Patrick Byrne	File Number U
--	----------------------

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name NJ Laborers-Employers Coop & Education Trust Trade Name if any <input type="text"/> P O Box Bldg Room No if any Suite 301 Street 104 Interchange Place City Monroe Township State New Jersey ZIP Code + 4 08831-2038	14 a Nature of payment <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> 6/2/04 Dinner </div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$142

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Laborers Employers Coop & Education Trust Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street 905 16th Street N W City Washington State District of Columbia ZIP Code + 4 20006-1703	14 a Nature of payment <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> 6/15/04 AFL-CIO 8th Annual Workers Defense League Dinner Amount unknown best estimate over \$25 </div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name T Foy Hill International Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street 303 Lippin Cott Drive City Marlton State New Jersey ZIP Code + 4 08053 4160	14 a Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> 7/8/04 Business meeting Meal Amount unknown best estimate \$30 to \$40 </div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment.

Name of Person Filing Patrick Byrne

File Number U

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name NJ Laborers-Employers Coop & Education Trust

Trade Name if any

P O Box Bldg Room No if any Suite 301

Street 104 Interchange Place

City Monroe Township

State New Jersey ZIP Code + 4 08831-2038

14 a Nature of payment8/5/04 Dinner honoring Commissioner of NJ
Department of Labor Dinner**13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment**

\$121

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name NJ Laborers-Employers Coop & Education Trust

Trade Name if any

P O Box Bldg Room No if any Suite 301

Street 104 Interchange Place

City Monroe Township

State New Jersey ZIP Code + 4 08831-2038

14 a Nature of payment

8/26/04 Dinner for colleagues

13 b Is the Business an Employer ☐ **or Consultant** ☐ ?**14 b Amount of payment**

\$134

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name NJ Laborers-Employers Coop & Education Trust

Trade Name if any

P O Box Bldg Room No if any Suite 301

Street 104 Interchange Place

City Monroe Township

State New Jersey ZIP Code + 4 08831-2038

14 a Nature of payment8/28/04 Frank Sinatra Recipient Award Event
Dinner for self and spouse**13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment**

\$300

Name of Person Filing Patrick Byrne	File Number U
--	----------------------

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name NJ Laborers-Employers Coop & Education Trust Trade Name if any P O Box Bldg Room No if any Suite 301 Street 104 Interchange Place City Monroe Township State New Jersey ZIP Code + 4 08831-2038	14 a Nature of payment <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> 12/14/04 Associated General Contractors & Building Contractors Association Joint Chapter Dinner Amount unknown best estimate \$30 - \$40 </div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 150px; height: 20px; float: right;"></div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name NJ Laborers-Employers Coop & Education Trust Trade Name if any P O Box Bldg Room No if any Suite 301 Street 104 Interchange Place City Monroe Township State New Jersey ZIP Code + 4 08831-2038	14 a Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> 2004 Wages </div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <div style="border: 1px solid black; width: 150px; height: 20px; float: right; text-align: center;">\$12 000</div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name NJ Laborers Employers Coop & Education Trust Trade Name if any P O Box Bldg Room No if any Suite 301 Street 104 Interchange Place City Monroe Township State New Jersey ZIP Code + 4 08831-2038	14 a Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> 2004 Pension benefits </div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <div style="border: 1px solid black; width: 150px; height: 20px; float: right; text-align: center;">\$1 680</div>

Name of Person Filing Patrick Byrne

File Number U

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name NJ Bldg Laborers Training & Apprentic Fund

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

2004 Wages

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

\$12 000

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name NJ Bldg Laborers Statewide Benefit Funds

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

2004 Wages

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

\$12 000

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Addenda to Form LM-30 Labor Organization Officer and Employee Report

PATRICK C BYRNE

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From 1/1/04 through 12/31/04

ADDENDUM A

I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as a union employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

ADDENDUM B

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM C

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM D

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America (LIUNA), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

Patrick C Byrne
Assistant Regional Manager
Laborers' International Union of North America
104 Interchange Plaza, Suite 301
Monroe, NJ 08831



August 15, 2005

U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D C 20210

Re Form LM-30 Filing for Patrick C Byrne, U-
Labor Organization File No 000 - 131

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection of benefits I may have received. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount. Further, in completing the LM-30 report, I have consulted with legal counsel and have obtained and have relied upon legal advice.

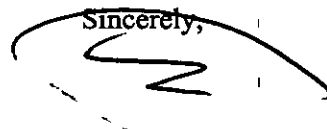
As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the advice of legal counsel and the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all

U S Department of Labor
August 15, 2005
Page 2

lawfully reported benefits that I received in 2004 By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U S C 432, or that I did not receive such items within the provisions of 29 U S C 186(c)

Sincerely,

Patrick C Byrne

Enclosure